



LIMITED LIABILITY COMPANY ANNUAL REPORT

1/6/2022

NAME OF LIMITED LIABILITY COMPANY: StoneMor GP LLCSECRETARY OF STATE ID NUMBER: 0912553 STATE OF FORMATION: DEREPORT FOR THE CALENDAR YEAR: 2022

Filing Office Use Only
E - Filed Annual Report
0912553
CA202310109198
4/11/2023 04:58

 Changes**SECTION A: REGISTERED AGENT'S INFORMATION**1. NAME OF REGISTERED AGENT: Corporation Service Company

2. SIGNATURE OF THE NEW REGISTERED AGENT:

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS

2626 Glenwood Avenue,2626 Glenwood Avenue,, Suite 550Raleigh, NC 27608-1370 Wake CountyRaleigh, NC 27608-1370**SECTION B: PRINCIPAL OFFICE INFORMATION**1. DESCRIPTION OF NATURE OF BUSINESS: Operation of cemeteries and funeral homes2. PRINCIPAL OFFICE PHONE NUMBER: 80092798003. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS

5. PRINCIPAL OFFICE MAILING ADDRESS

3331 Street Road, Suite 2003331 Street Road, Suite 200Bensalem, PA 19020Bensalem, PA 19020

6. Select one of the following if applicable. (Optional see instructions)

- The company is a veteran-owned small business
 The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)NAME: Howard CarverNAME: Paul GradyNAME: Lawrence MillerTITLE: ManagerTITLE: ManagerTITLE: Manager

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

3331 Street Road, Suite 2003331 Street Road, Suite 2003331 Street Road, Suite 200Bensalem, PA 19020Bensalem, PA 19020Bensalem, PA 19020**SECTION D: CERTIFICATION OF ANNUAL REPORT.** Section D must be completed in its entirety by a person/business entity.Lorena Trujillo4/11/2023

SIGNATURE

DATE

Form must be signed by a Company Official listed under Section C of This form.

Lorena TrujilloManager

Print or Type Name of Company Official

Print or Type Title of Company Official

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$200.00

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525

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SECTION E: ADDITIONAL COMPANY OFFICIALSNAME: Leo PoundTITLE: Manager

ADDRESS: _____

3331 Street Road, Suite 200

Bensalem, PA 19020

NAME: Lorena TrujilloTITLE: Manager

ADDRESS: _____

3331 Street Road, Suite 200

Bensalem, PA 19020

NAME: Jonathan ContosTITLE: Manager

ADDRESS: _____

3331 Street Road, Suite 200

Bensalem, PA 19020

NAME: Robert SickTITLE: Manager

ADDRESS: _____

3331 Street Road, Suite 200

Bensalem, PA 19020

NAME: Jeffery DiGiovanniTITLE: ManagerADDRESS: 3331 Street RoadSUITE 200

Bensalem, PA 19020

NAME: Lilly DonohueTITLE: Manager

ADDRESS: _____

3331 Street Road, Suite 200

Bensalem, PA 19020

NAME: _____

TITLE: _____

ADDRESS: _____

NAME: _____

TITLE: _____

ADDRESS: _____